

4800

PLACE OF BIRTH **ARIZONA TERRITORIAL BOARD OF HEALTH**

County of Safford Ariz **BUREAU OF VITAL STATISTICS.** 415 ~~425~~

District of _____ **ORIGINAL CERTIFICATE OF BIRTH.** Co. Registrar No. 18

Town of Safford Local Registrar's No. 3

City of Safford (No. _____ St; _____ Ward)

FULL NAME OF CHILD Kempston { Born YES }
 { Alive NO }

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Girl { Twin, Triplet or other } and { Number in order of birth 5 } Legitimate? yes Date of Birth 2/23 1911
 (Month) (Day) (Yr.)

FATHER Full Name <u>Martin R. Kempston</u> Residence <u>Safford Ariz</u> Color or Race <u>White</u> Age at last Birthday <u>33</u> (Years) Birthplace <u>Utah</u> Occupation <u>Farmer</u>		MOTHER Full Maiden Name <u>Senat Peterson</u> Residence <u>Safford</u> Color or Race <u>White</u> Age at last Birthday <u>30</u> (Years) Birthplace <u>Arizona</u> Occupation <u>Housewife</u>	
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Number of child of this mother. 5 Number of children, of this mother, now living 5 Were Precautions taken against Ophthalmia neonatorum? -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, 2/23, 1911, at 1000

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) W. E. Platt (Attending physician, midwife, householder. *)

Given or christen name added from a supplemental report _____ 1911

Address _____

Filed _____ 1911 Mrs. H. D. French LOCAL REGISTRAR.
 Filed Mar 2 1911 C. D. Dyden COUNTY REGISTRAR.

925-233-225
 COUNTY REGISTRAR